

<i>SERFF Tracking Number:</i>	<i>CAPC-125765351</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Capitol Indemnity Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-IM-FO-CW-084</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>INLAND MARINE DEC PAGE</i>		
<i>Project Name/Number:</i>	<i>INLAND MARINE DEC PAGE/08-IM-FO-CW-084</i>		

Filing at a Glance

Company: Capitol Indemnity Corporation

Product Name: INLAND MARINE DEC PAGE	SERFF Tr Num: CAPC-125765351	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: 08-IM-FO-CW-084	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Christine Kidd	Disposition Date: 08/11/2008
	Date Submitted: 08/08/2008	Disposition Status: Approved
Effective Date Requested (New): 11/01/2008		Effective Date (New): 11/01/2008
Effective Date Requested (Renewal): 01/01/2009		Effective Date (Renewal): 01/01/2009

State Filing Description:

General Information

Project Name: INLAND MARINE DEC PAGE	Status of Filing in Domicile: Authorized
Project Number: 08-IM-FO-CW-084	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/11/2008	
State Status Changed: 08/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
RE: Inland Marine Coverage Part Supplemental	
Filing Number: 08-IM-FO-CW-084	
Effective Date: 11/01/08 new business, 01/01/09 renewal business	
NAIC Number: 10472	

<i>SERFF Tracking Number:</i>	<i>CAPC-125765351</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Capitol Indemnity Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-IM-FO-CW-084</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>INLAND MARINE DEC PAGE</i>		
<i>Project Name/Number:</i>	<i>INLAND MARINE DEC PAGE/08-IM-FO-CW-084</i>		

Please replace Inland Marine Coverage Part Supplemental CICIM 004 (10-93) with the attached final printed copy of Inland Marine Coverage Part Supplemental CICIM 004 (06-08).

Explanatory Memo

We have added the phrase "12:01 A.M. Standard Time at the address of the insured stated herein" under the Policy Period in the information section of the page. We have also replaced the wording "Policy Period" with "Effective Date of Change" in the body of the form.

Thank you for your time and consideration of this filing.

Company and Contact

Filing Contact Information

Chris Kidd, Product Analyst	ckidd@capitol.net
PO Box 5900	(608) 829-4200 [Phone]
Madison, WI 53705-0900	

Filing Company Information

Capitol Indemnity Corporation	CoCode: 10472	State of Domicile: Wisconsin
PO Box 5900	Group Code: 501	Company Type:
Madison, WI 53705	Group Name:	State ID Number:
(608) 829-4200 ext. [Phone]	FEIN Number: 39-0971527	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per forms filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$50.00	08/08/2008	21860782

SERFF Tracking Number:	CAPC-125765351	State:	Arkansas
Filing Company:	Capitol Indemnity Corporation	State Tracking Number:	EFT \$50
Company Tracking Number:	08-IM-FO-CW-084		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	INLAND MARINE DEC PAGE		
Project Name/Number:	INLAND MARINE DEC PAGE/08-IM-FO-CW-084		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/11/2008	08/11/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Uniform Transmittal Document-Property & Casualty	Supporting Document	Christine Kidd	08/08/2008	08/08/2008

<i>SERFF Tracking Number:</i>	<i>CAPC-125765351</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Capitol Indemnity Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-IM-FO-CW-084</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>INLAND MARINE DEC PAGE</i>		
<i>Project Name/Number:</i>	<i>INLAND MARINE DEC PAGE/08-IM-FO-CW-084</i>		

Disposition

Disposition Date: 08/11/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 01/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CAPC-125765351	State:	Arkansas
Filing Company:	Capitol Indemnity Corporation	State Tracking Number:	EFT \$50
Company Tracking Number:	08-IM-FO-CW-084		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	INLAND MARINE DEC PAGE		
Project Name/Number:	INLAND MARINE DEC PAGE/08-IM-FO-CW-084		

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Form	Inland Marine Coverage Part Supplemental	Approved	Yes

SERFF Tracking Number: CAPC-125765351 State: Arkansas
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50
Company Tracking Number: 08-IM-FO-CW-084
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: INLAND MARINE DEC PAGE
Project Name/Number: INLAND MARINE DEC PAGE/08-IM-FO-CW-084

Amendment Letter

Amendment Date:

Submitted Date: 08/08/2008

Comments:

A blank Uniform Transmittal Document was attached. Please accept apologies for the oversight and note a completed document is attached with this ammendment.

Thank you, in advance, for your time and consideration.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

AR Form Transmittal 08-08.pdf

SERFF Tracking Number:	CAPC-125765351	State:	Arkansas
Filing Company:	Capitol Indemnity Corporation	State Tracking Number:	EFT \$50
Company Tracking Number:	08-IM-FO-CW-084		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	INLAND MARINE DEC PAGE		
Project Name/Number:	INLAND MARINE DEC PAGE/08-IM-FO-CW-084		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Inland Marine Coverage Part Supplemental	CICIM 004	(06-08)	Declaration Replaced s/Schedule	Replaced Form #:0.00 CICIM 004 (10-93) Previous Filing #:		VIII CICIM004 0608 Filing Copy.pdf

[Insert Company Name]
[Insert Company Mailing Address]

**INLAND MARINE COVERAGE PART
SUPPLEMENTAL**

RENEWAL OF NUMBER:

POLICY NUMBER	POLICY PERIOD	AGENCY
12:01 A.M. Standard Time at the address of the insured stated herein		
NAMED INSURED AND ADDRESS	AGENT	

EFFECTIVE DATE OF CHANGE: -
12:01 A.M. Standard Time at the address of the insured stated herein

FORMS AND ENDORSEMENTS: SEE INLAND MARINE COVERAGE PART FORM SCHEDULE

Countersigned

By _____
Authorized Representative

<i>SERFF Tracking Number:</i>	<i>CAPC-125765351</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Capitol Indemnity Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-IM-FO-CW-084</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>INLAND MARINE DEC PAGE</i>		
<i>Project Name/Number:</i>	<i>INLAND MARINE DEC PAGE/08-IM-FO-CW-084</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	CAPC-125765351	State:	Arkansas
Filing Company:	Capitol Indemnity Corporation	State Tracking Number:	EFT \$50
Company Tracking Number:	08-IM-FO-CW-084		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	INLAND MARINE DEC PAGE		
Project Name/Number:	INLAND MARINE DEC PAGE/08-IM-FO-CW-084		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	08/11/2008
-------------------------	--	-----------------------	----------	------------

Comments:

Attachment:

AR Form Transmittal 08-08.pdf

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08-IM-FO-CW-084
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Inland Marine Coverage Part Declarations Page	CICIM004 (06-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CICIM004 (10-93)	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

<i>SERFF Tracking Number:</i>	<i>CAPC-125765351</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Capitol Indemnity Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-IM-FO-CW-084</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>INLAND MARINE DEC PAGE</i>		
<i>Project Name/Number:</i>	<i>INLAND MARINE DEC PAGE/08-IM-FO-CW-084</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Uniform Transmittal Document-Property & Casualty	08/07/2008	AR Form Transmittal 08-08.pdf

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1